

Discussion Group #2 Outreach to Unaffiliated Health Professionals

The RML offers and supports programs/activities to promote access to evidence-based health information, particularly by underserved health care providers.

Please discuss and answer the following questions with your group.

Before you start, please identify a volunteer who will present a summary of the group's feedback for general discussion at 2:00 p.m.

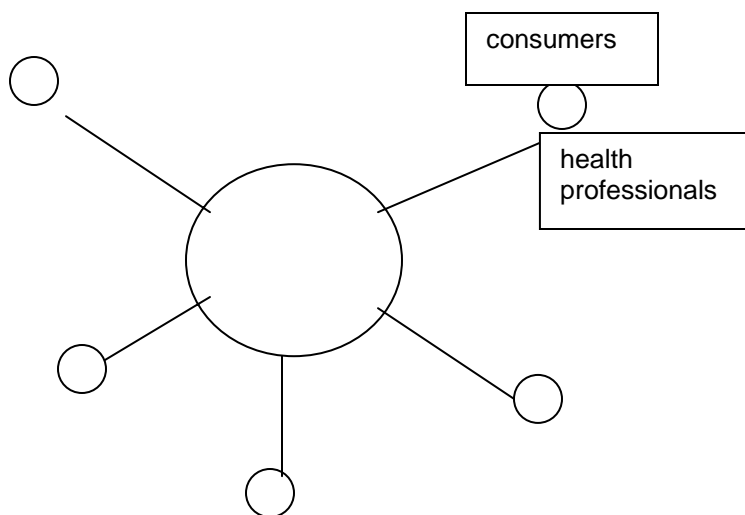
This morning, we heard about outreach projects to increase access to evidence based information by speech-language pathologists and school nurses.

1. What can the RML do to encourage/inspire network members to initiate or participate in outreach projects such as those described this morning (or others you know about in your community or state) to increase evidence-based practice?
2. Are there specific opportunities to promote evidence-based practice (and NLM resources) to professional associations, or state or regional agencies you work with or know about?
3. What would be some suggested ways to initiate the opportunities?
4. What else should the RML be doing to support information needs of unaffiliated health professionals?

DISCUSSION NOTES

Flaherty: Is "outreach" the wrong term? Maybe it's "assistance and support for local programs"? In other words, "You have local programs, can we help you with those?"

Egan: I like that, it covers a wider range of programs. I would like to see more materials to borrow from the RML, like the display that I borrowed. I don't have time to put a display together from scratch. Can the RML provide ones that are already assembled? Then it would no longer be such a huge process. If you look at funding, [she drew a quick diagram like this one, with the RML the circle in the center and the network members the smaller, connected circles]:



...maybe the RML should use its funds to buy more materials for us to borrow and provide more information about what's available, with a picture on the Web site that shows how to put it up and its size. Design it so that it's customizable. It would also be great to have PSAs in the can that we could use.

Milgrom: Funding may not be the most effective way to encourage participation?

Egan: Address the time issue. If it takes me less time, I'll do more outreach.

Owen: Can you contract with agencies to do outreach? Make contractual agreements that can be sustainable, with health departments or agencies?

Milgrom: We performed a network audit and found a number of members that did not care about the NN/LM. We removed them.

Hight: What about the American Society of Training and Development? Their specialty is training. Do they have a clearinghouse of materials or a pattern we could follow?

Milgrom: These things exist but if you don't know, we need to do a better job.

Egan: Market what is there, but a real canned presentation might not work. It has to be customizable.

Judkins: A basic thing to order, we could say, "give us this thing with this information" like the prescription pads pre-stamped.

Willer: [Instead of "outreach" call it] Local program assistance, or enhancement, or expansion, or development?

Egan: Or regional programs, for a larger area.

Flaherty: You're encouraging innovation at the local level, assisting innovative people who are developing things in their library to serve populations. Resources are available,

get out the information on what's available. PowerPoints: help make or find them; a syllabus, customizable. Developing and providing, making resources known. The RML would be a clearinghouse for what's developed.

Egan: Sharing is what librarians do. I don't know of an organized system for this.

Milgrom: There is a national clearinghouse.

Neely: How could the RML encourage people to make connections and finding out what their community needs? How does the library become more involved in the community?

Glusker: Public health is doing much of this already. People out there crave information but it's hard to get the word out. Piggybacking might help—there are a zillion programs that already exist. Public health shares the perspective of emphasis on the community.

Egan: I see the need for sustainability but sometimes I just want to hit something and get out—I've had lasting relationships grow from this—would it be good to have a \$2,000 grant for one program with one population? Sometimes I'm not "training," but I am providing "local assistance." It might help to change terminology and amount of funds.

Judkins: Resources that can be localized.

Milgrom: Our model now relies on what's in individuals' heads. Linda knows who's done what and can make referrals. How can we make that information more available?

Judkins: When you get proposals, do you say whether something has already been done?

Milgrom nods.

Flaherty: Small awards, can they kick-start a local project, be sure application is easy.

Glusker: Maybe not everyone knows how easy it is.

Willer: Think long-term versus short-term. If something works their confidence is raised, but one time may not be enough for long-term results.

Egan: "Training," "planning"—change the terminology that is used. If I do a planning project, that implies an expectation for another project.

Neely: Sometimes short-term efforts raise awareness and people grab on to things.

Milgrom: Maybe \$2K reassessment impact awards, if you did a project, go back and look at outcomes.

Neely: Yes, what were outcomes, what difference did it make?

Flaherty: Kick-start and followup awards. The kick-start could lead to a followup.

Egan: Kick-starts could be to help with another project but not necessarily require a followup award.

Flaherty: Kind of a “first date” award!

Milgrom: We have a continuum ranging from \$500 for an exhibit or training, through the \$2K awards, up to our \$12K-\$25K outreach project awards, but we have tried to build flexibility in. We don't receive many applications for our small awards, but it's very easy to apply. It's harder to apply for the larger awards, but we receive more applications. Does that mean the smaller awards are not worth it?

Egan: Professional grant writers at institutions go for big deal awards. The biggest thing for the rest of us is time. Give us an easy application, payment for supplies and resources in one spot. Right now I have 4 projects that I could be doing, but no time!

Judkins: Sometimes we might pass because there is no time to do a proposal.

Flaherty: Are large ones big enough to justify the effort, since they won't pay for staff?

Judkins: And then there's also overhead.

Milgrom: Our total budget for this is \$80K-\$100K per year.

Hight: Maybe plant the seed by giving resources to non-library people?

Glusker: Like health educators.

Hight: Open the scope of the audience.

Judkins: We approach many but they say “we don't have time for you.”

Neely: It's so important to work within your population's schedule.

Hight: Keep going back, don't accept “no”—maybe it was a bad day.

Glusker: Infiltrate. A librarian gave a training and only 6 came, but the buzz was good. Even if there is a small number of people there can be a payoff.

Judkins: Sometimes they say, “just give us the url.” If only one person shows up, they might tell other people.

Owen: How to find the right people, such as a “training coordinator”?

Milgrom: The problem isn't identifying groups with needs, the problem is identifying people with skills and time.

Egan: Give me materials so that programs take less time.

Flaherty: Laurel knows people and their needs, knows the local environment.

Egan: And I even have encouragement from my administrator. I need time.

Flaherty: She needs time.

Egan: It's been very successful to "hit and get out"—can develop long-term relationships that way, I still hear from people after 10 years.

Milgrom: We don't have good ways to collect anecdotal information.

Egan: Like the student nurses at Tech, there will be one session this fall, the door cracked open, a really good opportunity to promote.

Milgrom: Capitalize on opportunities.

Hight: What other things should be done or are needed?

Neely: Continued training from Dolores.

Milgrom: How can we share your enthusiasm? You're a convert!

Owen: Ongoing partnerships.

Milgrom: In Alaska, everyone knows everyone.

Hight: More knowledge about what is available. We have been putting MedlinePlus bookmarks in patients' packets.

Milgrom: And you didn't even apply for funding to do that.

Hight: Money's not my goal.

Willer: Bookmarks. Support for reassessment. The true test will be when people call.

Glusker: Make health departments part of the process, infiltrate, a job when I graduate.

Milgrom: Who do you even go to?

Judkins: Converts spread the word, like when the school nurses Web site led to the project with public health nurses.

Facilitators:

Susan Barnes
Assistant Director
Outreach Evaluation Resource Center (OERC)

Linda Milgrom (Lead)
Outreach/Technical Assistance Coordinator
NN/LM PNR

Participants:

Laurel Egan
Library Director
St. James Healthcare
Butte, MT

Robert J. Flaherty
Physician
Student Health Services
Montana State University
Bozeman, MT

Ann Glusker
iSchool Student
University of Washington
Seattle, WA

Sandy Hight
Librarian
Saint Alphonsus Regional Medical Center
Boise, ID

Dolores Judkins
Head of Reference, Library
Oregon Health & Science University
Portland, OR

Sheldon Kotzin
Associate Director
Division of Library Operations
National Library of Medicine
Bethesda, MD

Barbara Neely
Multnomah Education Service District
Department of School Health Services
Portland, OR

Patty Owen
School Health and Youth Risk Behavior Survey Coordinator
Section of Chronic Disease
Division of Public Health, DHSS
Juneau, AK

Janene Willer
Associate Professor
Department of Communication Sciences
& Disorders and Education of the Deaf
Idaho State University
Pocatello, ID